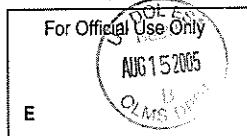


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6732</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Roger J Niedermeyer</u> P.O. Box, Bldg., Room No., if any Street <u>1850 NE 162nd Ave</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 162</u> Labor Organization File Number <u>002-370</u> P.O. Box, Building and Room Number, if any Street <u>1850 NE 162nd Ave</u> City <u>Portland</u> State <u>Oregon</u> ZIP Code + 4 <u>97230</u>
5. Position in labor organization. <u>Secretary- Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Roger Niedermeyer</u>	On <u>8/2/05</u> Date	<u>503-257-0162</u> Telephone Number

Name of Person Filing <b>Roger J Niedermeyer</b>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <b>Western Conf of Teamsters Pens Trust Fund</b></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <b>2323 Eastlake Ave E</b></p> <p>City <b>Seattle</b></p> <p>State <b>Washington</b> ZIP Code + 4 <b>98102</b></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p style="text-align: center;">See attached Exhibit 1</p> </div> <p><b>11.b. Approximate dollar value of such dealing.</b> <span style="border: 1px solid black; padding: 2px;">See Exhibit 1</span></p> <p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"> <p style="text-align: center;">See attached Exhibit 1</p> </div> <p><b>12.b. Amount.</b> <span style="border: 1px solid black; padding: 2px;">See Exhibit 1</span></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

## Exhibit 1

## Part B

Name of Reporting Employer: Western Conf of Teamsters Pens Trust Fund	File Number
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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<p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p>	<p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state).  <div style="border: 1px solid black; padding: 2px;">Secretary-Treasurer</div> </p>																
<p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name <div style="border: 1px solid black; padding: 2px;">Roger</div> <div style="border: 1px solid black; padding: 2px;">Niedermeyer</div></p> <p>P.O. Box, Building and Room Number, if any  <div style="border: 1px solid black; height: 15px; width: 100%;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">1850 North East 162nd Avenue</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Portland</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">Oregon</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">97230</div></p>	<p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization  <div style="border: 1px solid black; padding: 2px;">Teamsters Local Union No. 162</div> </p> <p>P.O. Box, Building and Room Number, if any  <div style="border: 1px solid black; height: 15px; width: 100%;"></div> </p> <p>Street <div style="border: 1px solid black; padding: 2px;">1850 North East 162nd Avenue</div></p> <p>City <div style="border: 1px solid black; padding: 2px;">Portland</div></p> <p>State <div style="border: 1px solid black; padding: 2px;">Oregon</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">97230</div></p>																
<p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p><div style="border: 1px solid black; padding: 2px;">None</div></p>	<p>10.b. The promise, agreement, or arrangement was:</p> <p><input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>																
<p>11.a. Date of each payment or expenditure ( mm/dd/yyyy ).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">04/30/2004</td></tr> <tr><td style="padding: 2px;">05/13/2004</td></tr> <tr><td style="padding: 2px;">05/14/2004</td></tr> <tr><td style="padding: 2px;">06/24/2004</td></tr> <tr><td style="padding: 2px;">08/06/2004</td></tr> </table>	04/30/2004	05/13/2004	05/14/2004	06/24/2004	08/06/2004	<p>11.b. Amount of each payment or expenditure</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right; padding: 2px;">1,032</td></tr> <tr><td style="text-align: right; padding: 2px;">14</td></tr> <tr><td style="text-align: right; padding: 2px;">321</td></tr> <tr><td style="text-align: right; padding: 2px;">689</td></tr> <tr><td style="text-align: right; padding: 2px;">82</td></tr> </table>	1,032	14	321	689	82	<p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Trustee Expense Reimbursement</td></tr> <tr><td style="padding: 2px;">Value of Trust-Paid Food/Bev/Misc @ Meeting/Event</td></tr> <tr><td style="padding: 2px;">Value of Trust-Paid Food/Bev/Misc @ Meeting/Event</td></tr> <tr><td style="padding: 2px;">Trustee Expense Reimbursement</td></tr> <tr><td style="padding: 2px;">Value of Trust-Paid Food/Bev/Misc @ Meeting/Event</td></tr> </table>	Trustee Expense Reimbursement	Value of Trust-Paid Food/Bev/Misc @ Meeting/Event	Value of Trust-Paid Food/Bev/Misc @ Meeting/Event	Trustee Expense Reimbursement	Value of Trust-Paid Food/Bev/Misc @ Meeting/Event
04/30/2004																	
05/13/2004																	
05/14/2004																	
06/24/2004																	
08/06/2004																	
1,032																	
14																	
321																	
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82																	
Trustee Expense Reimbursement																	
Value of Trust-Paid Food/Bev/Misc @ Meeting/Event																	
Value of Trust-Paid Food/Bev/Misc @ Meeting/Event																	
Trustee Expense Reimbursement																	
Value of Trust-Paid Food/Bev/Misc @ Meeting/Event																	
<p>12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.</p> <div style="border: 1px solid black; padding: 10px;"> <p>The person identified in item 9.b is a Union Trustee on the Board of Trustees of the entity identified in item 3, which is a jointly administered pension trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). Except as explained in the following paragraph, all amounts shown in item 11.b represent either reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance at meetings of the Board of Trustees and Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee or the estimated value of food and beverages provided or made available to him by the Trust Fund at such meetings or food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures.</p> </div>																	

## Exhibit 1

Part B, Continued

Name of Reporting Employer: Western Conf of Teamsters Pens Trust Fund	File Number E-
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Item 12 Continuation From Page 1

If two entries are shown above for the same date and the entry in item 11.c for both items is "Trustee Expense Reimbursement", the first entry is for the amount the Trust reimbursed the person identified in item 9.b for all of the items described in the preceding paragraph that benefited that person and the second entry is for the amount the Trust reimbursed that person for food and beverage expenses paid by that person but attributable to others attending that meeting or event.

In all cases, the date shown in item 11.a for each payment or other expenditure the Trust issued a reimbursement check to the Union Trustee (in the case of items identified as "Trustee Expense Reimbursement"), or the date the Trust paid, or reimbursed some other person for the expense (in the case of items identified as "Value of Trust-Paid Food/Bev/Misc @ Meeting/Event").

Each year the Board of Trustees meets quarterly in January, April, July and October and Trustee Committees meet quarterly in March, June, September and December. Not all Trustees attend all Committee meetings and in some cases, other commitments may preclude a Trustee from attending a quarterly Board meeting. In addition to attendance at some or all of those meetings, the Union Trustee incurred expenses or the Trust made expenditures benefiting that person in connection with the person's attendance at the following other meetings or events in the performance of the Union Trustee's duties as a Trustee:

*NONE*

Exhibit 1

Part B - Page 37 , Item 11, Continued

Name of Reporting Employer: Western Conf of Teamsters Pens Trust Fund	File Number E-
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[illegible]